PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

| U.S. Patent and Trademark Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information |                         |         |                                      |          |                          | a valid OM | B control numbe |
|---|-------------------------|---------|--------------------------------------|----------|--------------------------|------------|-----------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                                   |                         |         | Complete if Known                    |          |                          |            |                 |
|   |                         |         | Application Number                   |          | 10/574,692-Conf. #3728   |            |                 |
| FEE TRANSMITTAL   |                         |         | Filing Date April 5, 2006            |          | April 5, 2006            |            |                 |
| For FY 2009   |                         |         | First Named Inventor Akihiro FUKA    |          |                          | SAWA       |                 |
| FOFFT ZUU9  |                         |         | Examiner Name A. T. Cao              |          |                          |            |                 |
| Applicant claims small entity status. See 37 CFR 1.27   |                         |         | Art Unit 2627                        |          |                          |            |                 |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00   |                         |         | Attorney Docket No. 1190-0624PU      |          |                          | 31         |                 |
| METHOD OF PAYMENT (check all that apply)  |                         |         |                                      |          |                          |            |                 |
| Check Credit Card Money Order None Other (please identify):   |                         |         |                                      |          |                          |            |                 |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                          |                         |         |                                      |          |                          |            | Birch, LLP      |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                                |                         |         |                                      |          |                          |            |                 |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                         |         |                                      |          |                          |            |                 |
| X Charge any additional fee(s) or underpayments of<br>fee(s) under 37 CFR 1.16 and 1.17   |                         |         |                                      |          |                          |            |                 |
| FEE CALCULATION   |                         |         |                                      |          |                          |            |                 |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                         |         |                                      |          |                          |            |                 |
|   | ING FEES                |         | ARCH FEES                            | EXAMI    | NATION FEES              |            |                 |
| Application Type Fee (\$  | Small Entity Fee (\$) F | ee (\$) | Small Entity<br>Fee (\$)             | Fee (\$) | Small Entity<br>Fee (\$) | Fees       | Paid (\$)       |
| Utility 330   | 165                     | 540     | 270                                  | 220      | 110                      | 1335       |                 |
| Design 220  | 110                     | 100     | 50                                   | 140      | 70                       |            |                 |
| Plant 220   | 110                     | 330     | 165                                  | 170      | 85                       |            |                 |
| Reissue 330   | 165                     | 540     | 270                                  | 650      | 325                      |            |                 |
| Provisional 220   | 110                     | 0       | 0                                    | 0        | 0                        |            |                 |
| 2. EXCESS CLAIM FEES  |                         |         | -                                    | -        | -                        |            | Small Entity    |
| Fee (\$) Fee (\$)   |                         |         |                                      |          |                          |            |                 |
| Each claim over 20 (including Reissues)   |                         |         |                                      |          |                          | 52         | 26              |
| Each independent claim over 3 (incl   |                         |         |                                      | 220      | 110                      |            |                 |
| Multiple dependent claims   |                         |         |                                      | 390      | 195                      |            |                 |
|   |                         |         | ee Paid (\$) Multiple Deper          |          |                          |            |                 |
| 6 -20 or HP x = Fee (S) Fee Paid (S)  HP = highest number of total claims paid for, if greater than 20.                               |                         |         |                                      |          |                          |            |                 |
|   | e Paid (\$)             |         |                                      |          |                          |            |                 |
| Indep. Claims Extra Claims Fee (\$)   |                         |         | e Paid (\$)                          |          |                          |            |                 |
| 2 -3 or HP = X E  HP = highest number of independent claims paid for, if greater than 3.  |                         |         |                                      |          |                          |            |                 |
| 3. APPLICATION SIZE FEE   |                         |         |                                      |          |                          |            |                 |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                     |                         |         |                                      |          |                          |            |                 |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50                 |                         |         |                                      |          |                          |            |                 |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                         |         |                                      |          |                          |            |                 |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)                                     |                         |         |                                      |          |                          |            |                 |
| - 100 = /50 = (round up to a whole number) x =  |                         |         |                                      |          |                          |            |                 |
| 4. OTHER FEE(S)  Non-English Specification, \$126 See (no small entity discount)  |                         |         |                                      |          |                          |            |                 |
| Other (e.g., late filing surcharge): 4866 Submission of an Information Disclosure Statement 180.00                                    |                         |         |                                      |          |                          |            |                 |
| SUBMITTED BY  |                         |         |                                      |          |                          |            |                 |
| Signature   |                         | $\neg$  | Registration No.<br>(Attorney/Agent) | 29,680   | Telephone                | (703) 2    | 05-8000         |
| Name (Print/Type) Michael K. Mutter   |                         |         | (Attorney/Agent)                     |          |                          | 6 0 3      |                 |
| Manager Manager N. Mutter   |                         |         |                                      |          |                          |            |                 |